

Effective October 1, 2003

54478601

SMALL ENTITY ☐ TYPE ☐

114

* If the difference in column 1 is less than zero, enter "0" in column 2

(Column 1)

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM

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If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
 *** If the "Highest Number Previously Paid For" in THIS SPACE is less than 20, enter "20."
 *** If the "Highest Number Previously Paid For" in THIS SPACE is less than 3, enter "3."
 The "Highest Number Previously Paid For" (Total or Independent) is the highest number

The Highest Number Previously Paid For (Total or Independent) is the highest number found in the appropriate box in column 1.

| | |
|----------------|--|
| TOTAL | |
| ADDITIONAL FEE | |

TOTAL

| | |
|-----------|--|
| TOTAL | |
| ADDT. FEE | |

TOTAL

OTHER THAN SMALL ENTITY OR SMALL ENTITY

OTHER THAN
SMALL ENTITY